

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		1				
10		1				
11	1					
12		1				
13		1	21			
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3	21			
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1	8			
31		3				
32		3	6			
33		1				
34		1				
35	1					
36		1				
37		1	4			
38		3				
39		3				
40		3				
41		3				
42		3	15			
43		1				
44		1	2			
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	27					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						